

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/					72	/					
23		/					73		/				
24		/					74		/				
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31		/					81		/				
32		/					82		/				
33		/					83		/				
34		/					84		/				
35		/					85		/				
36		/					86		/				
37		/					87		/				
38		/					88		/				
39		/					89		/				
40		/					90		/				
41		/					91		/				
42	/						92	/					
43		/					93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		/				
48		/					98		/				
49		/					99		/				
50		/					100		/				
TOTAL IND.	2						TOTAL IND.	2					
TOTAL DEP.	48						TOTAL DEP.	48					
TOTAL CLAIMS	50						TOTAL CLAIMS	50					

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CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
10 1		/					/ 51	2
2		/					52	2
3		/					53	2
4		/					54	/
5		/					55	/
6		/					56	/
7		/					57	/
8		/					58	
9		/					59	
10		/					60	
11		/					61	
12		/					62	
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18		/					68	
19		/					69	
20		/					70	
21		/					71	
22		/					72	
23		/					73	
24		/					74	
25		/					75	
26		/					76	
27		/					77	
28		/					78	
29		2					79	
30		2					80	
31		2					81	
32		2					82	
33		2					83	
34		2					84	
35		2					85	
36		2					86	
37		2					87	
38		2					88	
39		2					89	
40		2					90	
41		2					91	
42		2					92	
43		2					93	
44		2					94	
45		2					95	
46		2					96	
47		2					97	
48		2					98	
49		2					99	
50		2					100	
TOTAL IND.	0						TOTAL IND.	2
TOTAL DEP.	72						TOTAL DEP.	8
TOTAL CLAIMS	72						TOTAL CLAIMS	10

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